

Strategic Planning FY2020- 2022



Clinical Activity, Utilization and Operational Efficiency

Debra D. Carey, SM

Deputy Chief Executive Officer, Operations

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**COOK COUNTY
HEALTH**

CCH Provider Services



Provider Overview

Patient Demographics & Origin

Patient Insurance Profile

Clinical Activity, Utilization & Operational Effectiveness

Impact 2020 Update

FY2020 - 2022

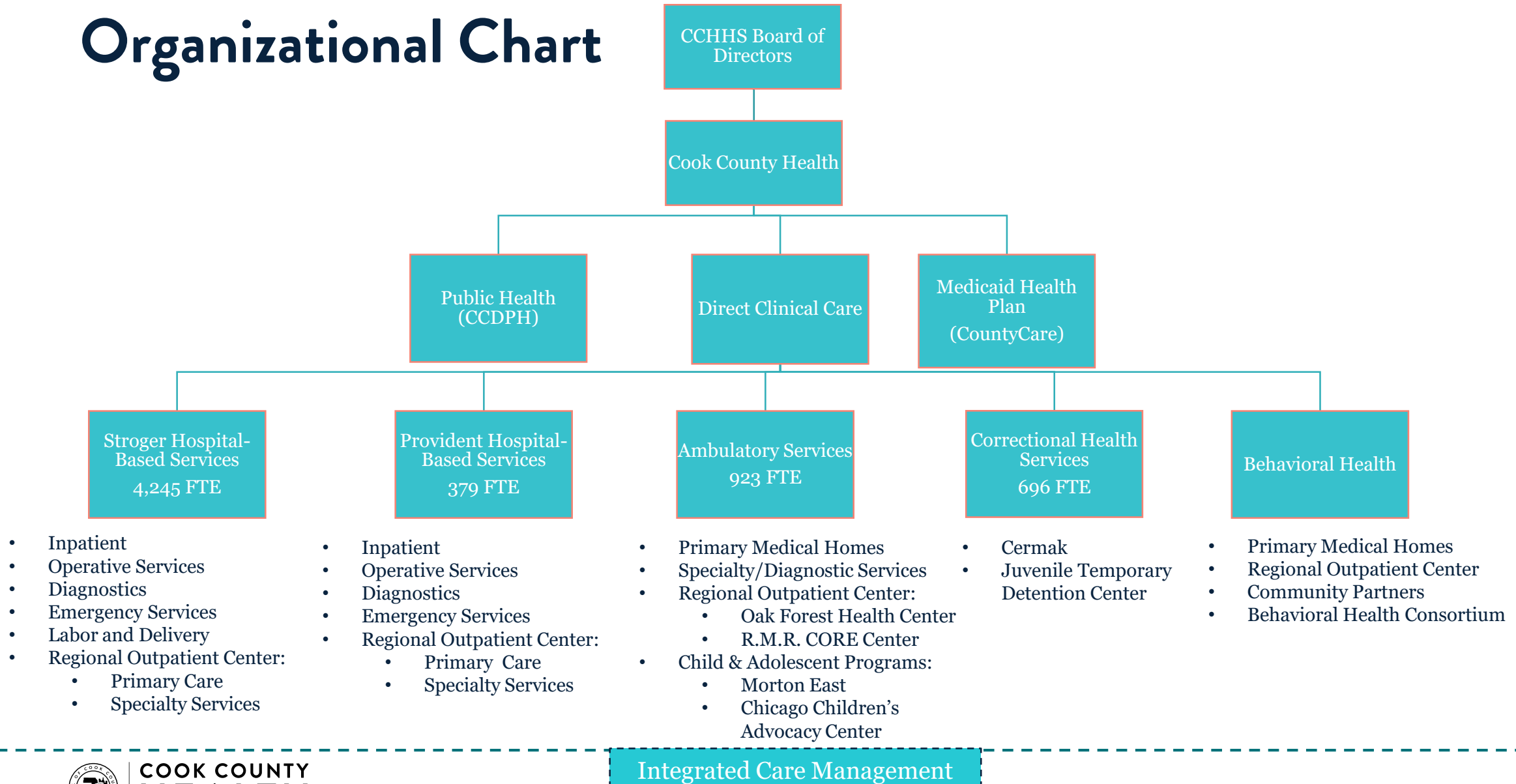


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CCH Mission

To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

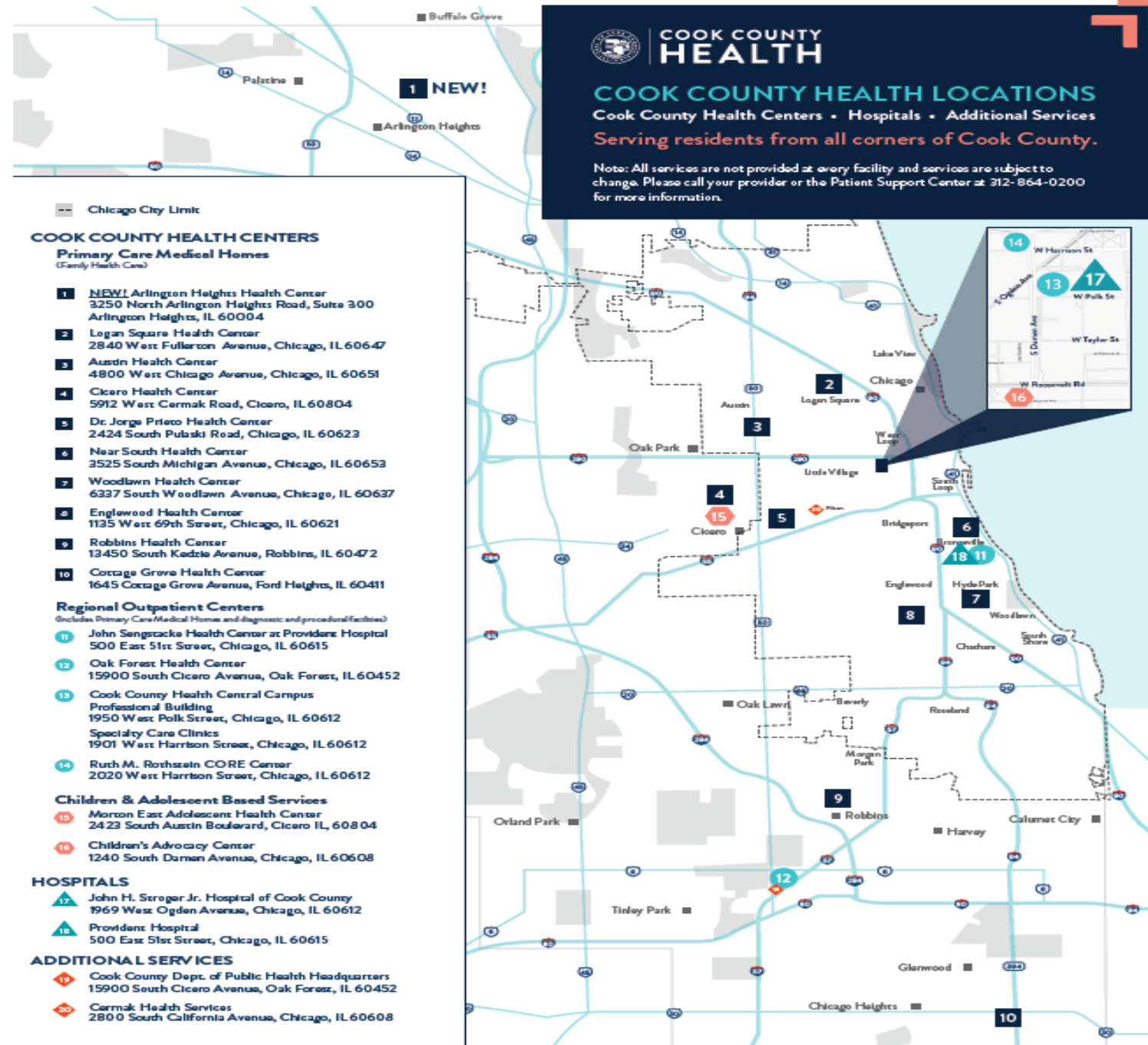
Organizational Chart



CCH Provider Locations



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Current CCH Services – Preventative, Acute, Chronic

MEDICAL	SURGICAL	EMERGENCY	OTHER
Cardiology	Breast	Trauma	<i>Family Medicine</i>
Dermatology	Colon Rectal	Burn	<i>Pediatrics</i>
Diabetes & Endocrinology	Ophthalmology	Rehabilitation	<i>Anesthesiology & Pain</i>
Gastroenterology	Oral Maxillofacial	Adult Emergency	<i>Radiology</i>
Infectious Disease	ENT	Pediatric Emergency	<i>Psychiatry</i>
Internal Medicine	Pediatric		<i>Obstetrics & Gynecology</i>
Hospital Medicine	Orthopedics		<i>Oral Health</i>
Nephrology	Surgical Oncology		<i>Pathology</i>
Oncology & Hematology	Urology		<i>Employee Health</i>
Pulmonary	Vascular		
Rheumatology	Neurosurgery		
	Plastic Surgery		

Ambulatory Services:

Community Centers and Regional Outpatient Centers

PRIMARY CARE SERVICES	SPECIALTY SERVICES
Primary Care	Mammograms
Preventative Care	Oral Health
Immunizations	Eye Care
Pregnancy & Women's Health	Mental Health
Children's Health	Referrals to Specialists
Healthcare for Seniors	Imaging
	Laboratory Services
	Interpreter Services

Overview of CCH Activity

FY2018 Volume

Facility	Inpatient/Observation Discharges	Emergency (includes Adult, Peds, Trauma & LWBS)	Outpatient	Other
Stroger	27,873	121,740	113,502	3595
PROV	1,214	30,794	23,531	5
ACHN * (includes CORE, Children's Advocacy & Sengstacke)	---	---	739,985	297
Correctional Health	---	---	44,051**	---

Total FY2018 Charges= \$1.69B



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*ACHN includes Professional Building, Specialty Care, CORE, Sengstacke & other community sites, will not align with campus-based reports

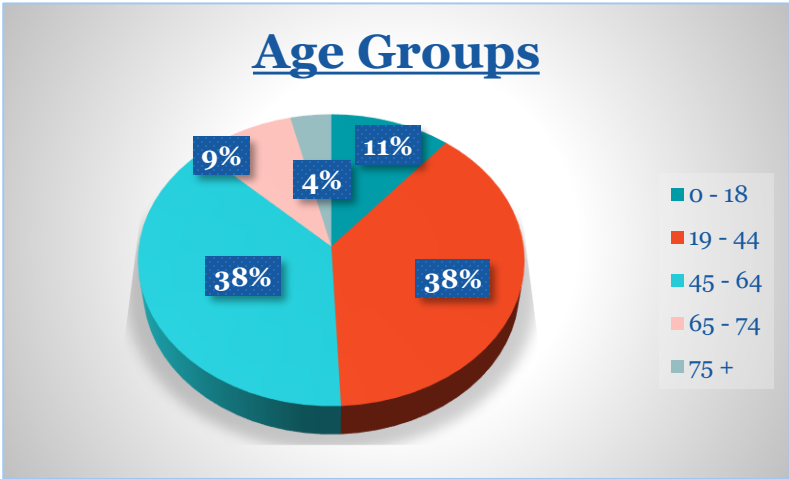
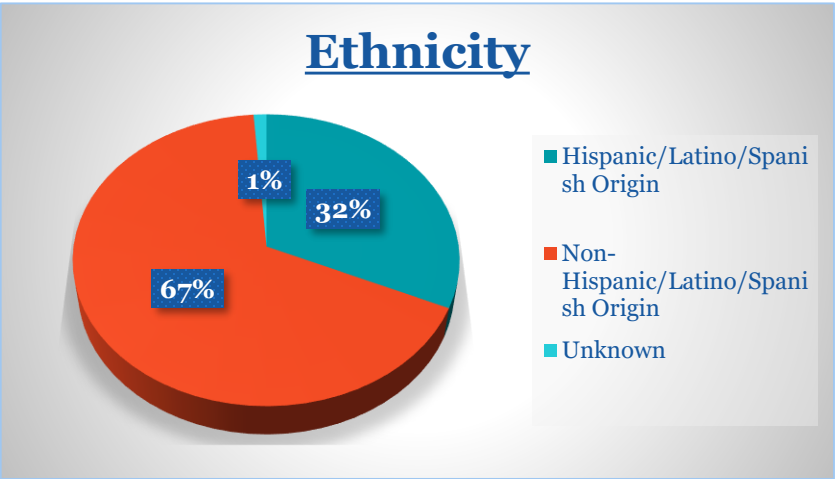
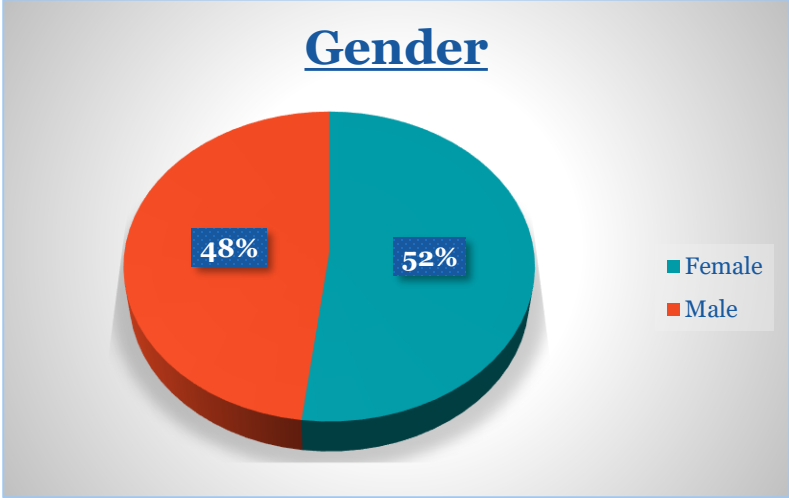
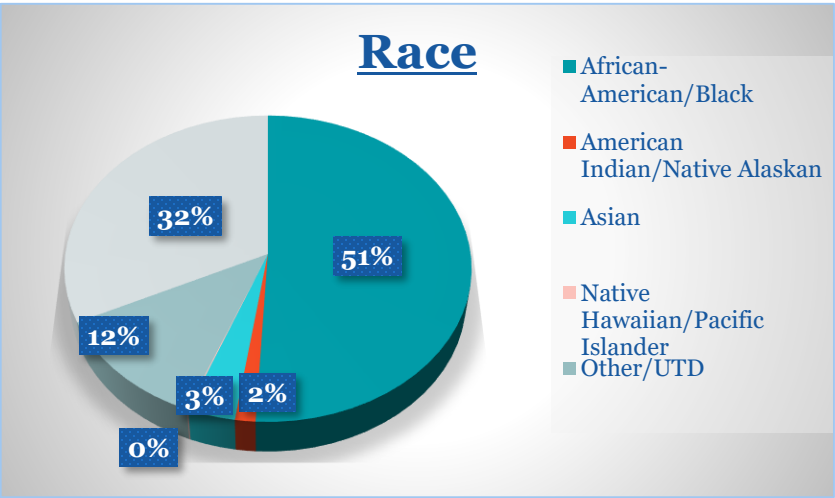
**Reflects Intake Screenings at Cermak and JTDC

CCH Patient Demographics & Origins

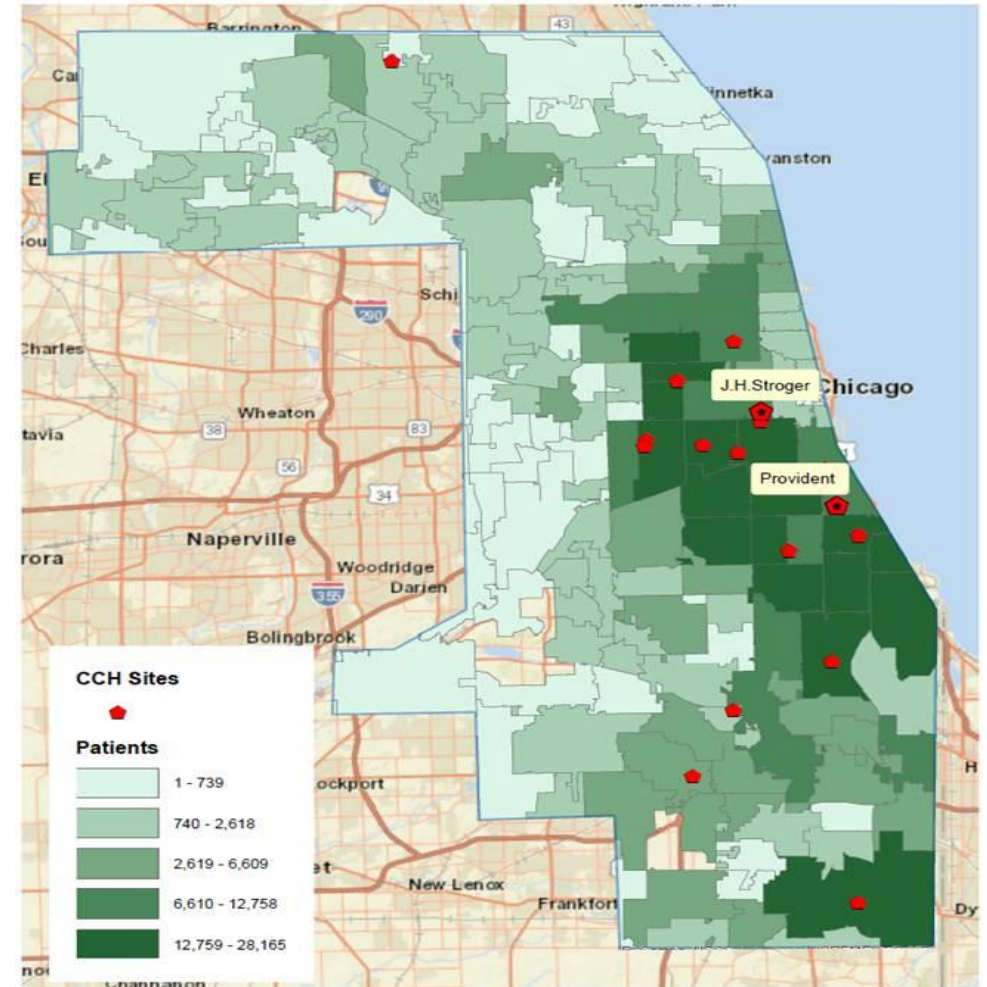


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FY2018 Overview of CCH Patients Demographics



FY2018 CCH Patients by Zip Code



Summary of Patient Geography

Maps (in the Appendix)

- Patient origins are shown by facility and service received
 - Registrations, Discharges, Primary Care Visits, Specialty Care Visits – CCH Patients
- Reflect services provided across the county to >200,000 unique patients
- Patients receiving services come from areas with target populations (Medicaid, low income, uninsured)
- Patients receiving services at specific facilities come predominantly from primary and secondary zip code catchment areas

CCH Patient Insurance Profile



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FY2018 CCH Patient Visits by Payer Group

Payer	Total Visits
COMMERCIAL	4.4%
MEDICAID	6.5%
MEDICAID MANAGED CARE	28.9%
MEDICARE	12.2%
MEDICARE MANAGED CARE	3.7%
OTHERS	1.8%
UNINSURED	42.5%



CCH Patients from Many Insurers in FY2018

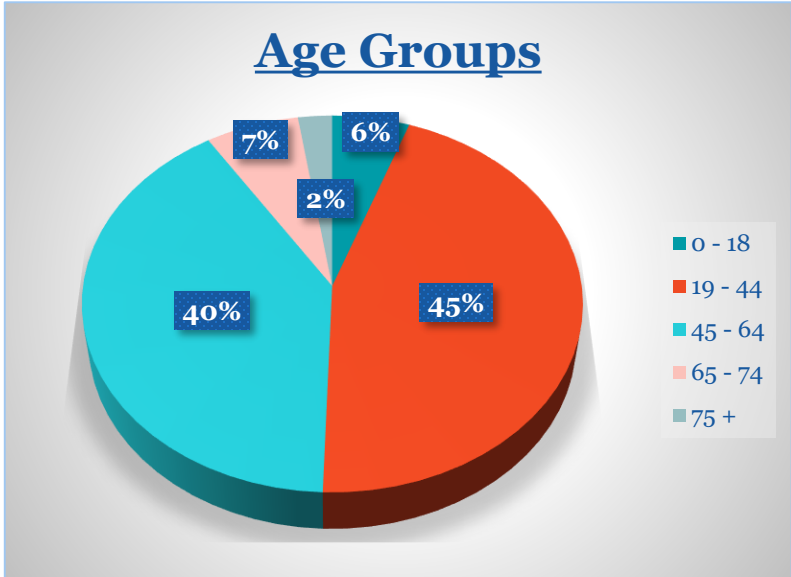
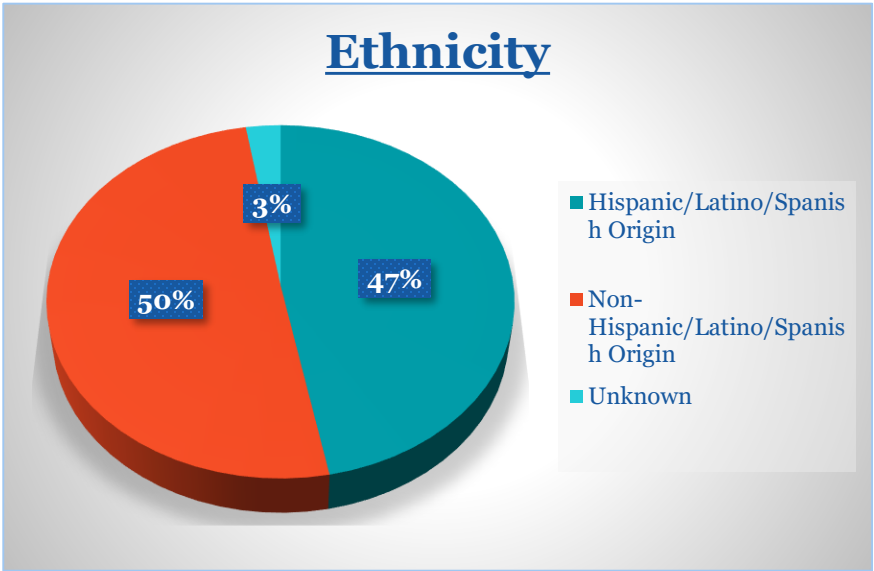
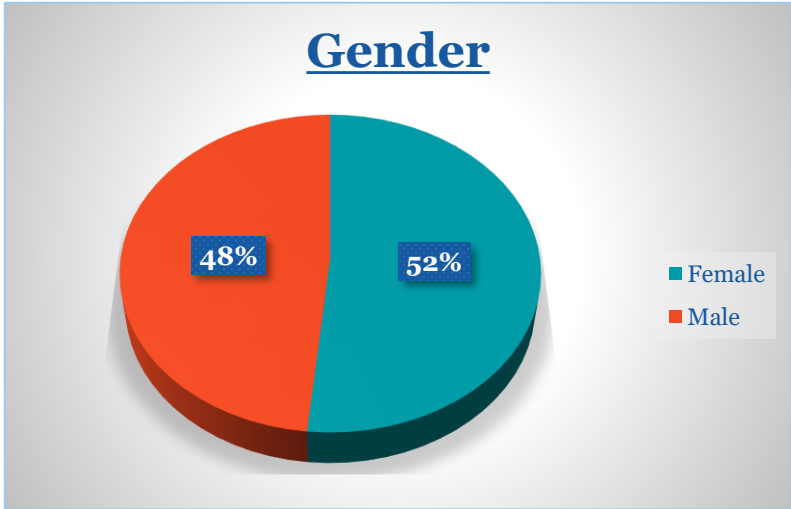
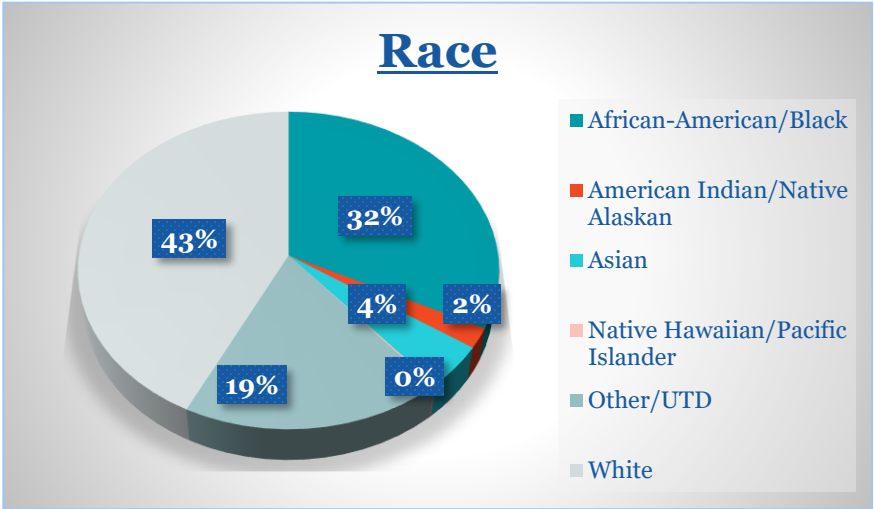
- >55% of CCH patients are insured
- High Volume CCH Payer Groups & Plans
 - Medicaid- FFS (>50,000 visits)
 - Medicaid Managed Care- CountyCare (>150,000 visits)
 - Medicaid Managed Care- IliniCare (>25,000 visits)
 - Medicaid Managed Care- BCBS (>25,000 visits)
 - Medicaid Managed Care- Harmony (>10,000 visits)
 - Medicaid Managed Care- Meridian (> 10,000 visits)
 - Medicaid Managed Care- Next Level (>9,000 visits)
 - Medicare (>115,000 visits)
 - Medicare Managed Care- Aetna Better Health (>7,500 visits)
 - Medicare Managed Care- WellCare (>7,000 visits)

FY2018 Average Medicaid Managed Care Membership

Payer Plan	Average Membership Empaneled to CCH
COUNTYCARE	47,035
HARMONY	5,673
ILLINICARE	3,407
BLUE CROSS BLUE SHIELD	2,930
MERIDIAN	2,878
MOLINA	1,565
AETNA BETTER HEALTH	876
NEXT LEVEL HEALTH	100
TOTAL	64,464



FY2018 Summary of CCH Uninsured Patients



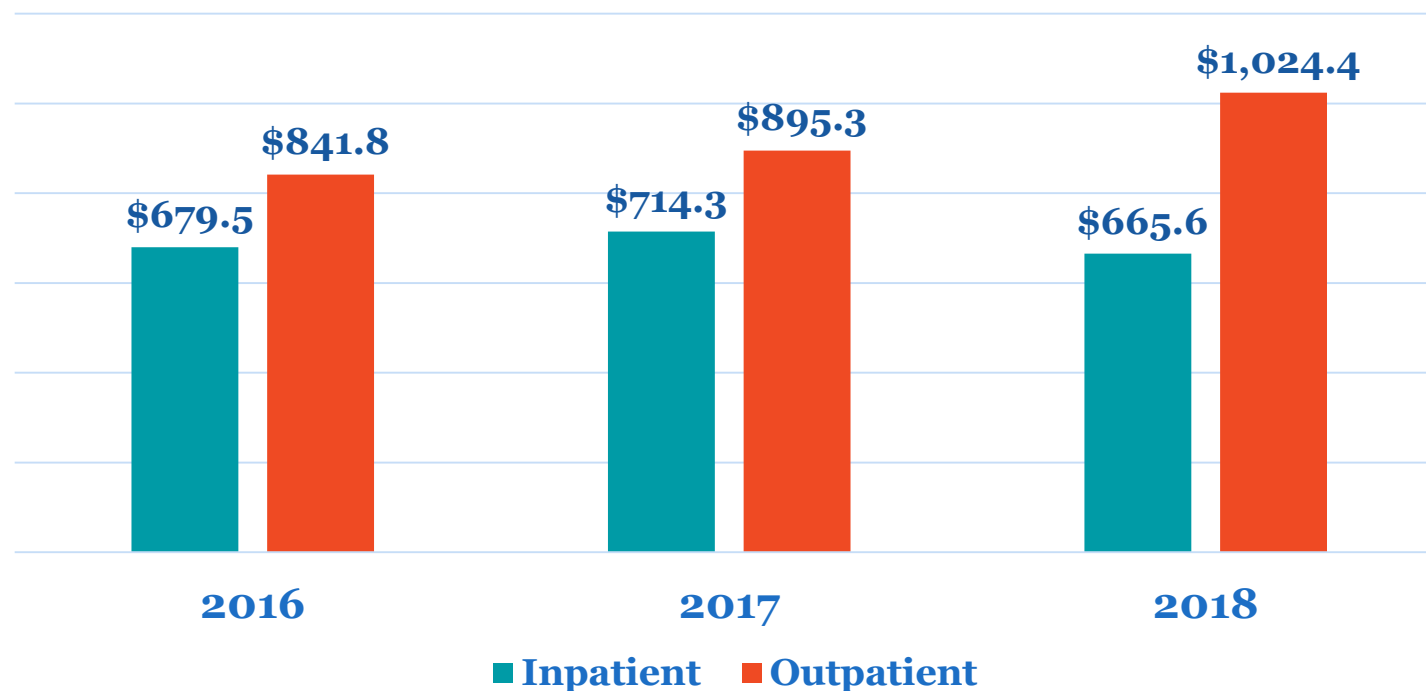
Clinical Activity, Utilization, and Operational Effectiveness



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Inpatient and Outpatient Activity by Revenue

Gross Patient Service Charges – Inpatient vs Outpatient (in Millions)



Observations;

- Sustained shift in activity to outpatient care this is reflective of industry trends
- Sustained growth in charging, also reflective of increasing managed care business and professional fee charging, documentation, coding and billing

Top Ten CCH Stroger Inpatient Service Lines

Service Lines*	FY2018 Discharges
General Medicine	6,751
Oncology	1,769
Obstetrics	1,235
General Surgery	1,026
Trauma	1,021
Cardiology	809
Neonatology	562
Neurology	527
Normal Newborns	408
Orthopedics	338

FY2018 Primary Care Volume

Campus	Clinic	FY2018	FY2017
ACHN	Prieto	16,716	19,399
	Near South	14,438	13,682
	Logan	14,672	13,382
	Oak Forest	13,747	13,500
	Austin	12,936	12,951
	Englewood	12,036	12,003
	Vista	11,214	8,927
	Cicero	10,938	11,354
	Woodlawn	10,153	9,185
	Robbins	9,926	10,005
	Cottage Grove	9,536	9,625
	Morton East	893	974
	Children's Advocacy	533	541
Stroger	General Medicine Clinic	44,745	46,908
	CORE	13,724	14,521
	Stroger Pediatrics	4,283	4,410
Provident	Sengstacke	16,662	16,659
Total		217,152	218,026



FY2018 Specialty/Diagnostic/Procedure Visit Volume

Campus	Clinic	FY2018	FY2017
ACHN	Austin- OBGYN/Behavioral Health*	5,848	1,747
	Cicero- OBGYN/Fam Plan	982	1,266
	Logan Square- OBGYN	925	802
	Oak Forest	29,073	28,322
	Oral Health	5,039	4,709
Provident	Sengstacke/Provident	34,121	20,645
Stroger	CORE	9,971	9,108
	Hospital Procedures	19,644	19,862
	Specialty Care/PB**	229,298	235,039
Total		334,901	321,500

Clinical Efficiency Measures - Ambulatory

Type	Measure
Productivity (by provider & clinic)	Expected vs. actual volume
	Use of scheduled slots
	Show-rate
	Visits with charges/incomplete records
	Care management volume
Quality Performance (by clinic)	HEDIS- diabetes
	HEDIS- childhood immunizations
	HEDIS- mammography
	HEDIS- controlling blood pressure
	Retention of prenatal patients
Access/Throughput (by provider & clinic)	3 rd next available
	Dwell time through clinic
	New vs. follow-up appointment ratio

Clinical Efficiency Measures – Inpatient/Observation

Type	Measure
Productivity	Discharges by patient type, medical service, payer, unit
	Patient days and Average Daily Census by patient type
	Patient Length of Stay (LOS)—average LOS, long stays, patient type LOS
	Discharge summary completion
	History and physical completion
Quality Performance	30 day readmission rate
	Venous thromboembolism prevention
	Hospital acquired pressure injuries
	Patient falls and falls with injury
	Mortality rate
Access/Throughput	Physician discharge orders before 9:00 a.m.
	ECHO (Non 4 Flex/ICU) average hours to signed



Clinical Efficiency Measures - Emergency

Type	Measure
Productivity	Emergency Department visits by age
	Visits to Trauma Unit
Quality Performance	Percent of patients that Left without Being Seen (LWBS)
Access/Throughput	Average time from ED arrival to ED departure for admitted ED patients
	Average time from admit decision time to ED departure time for admitted patients
	Average time from ED arrival to ED departure for discharged ED patients



Clinical Efficiency Measures – Surgery/Endoscopy

Type	Measure
Productivity	Completed, cancelled and scheduled cases volume
	Turnaround time
	First case timeliness
	Cancelled cases by specialty/procedure group
Quality Performance	Cancel reasons
	Perioperative tool completion
	Operative note compliance
Access/Throughput	Orders to scheduling compliance
	Average time to schedule case



Clinical Efficiency Committees

- Clinical Operations
- Utilization Management
- Patient Throughput
- Operating Room Committee
- Vizient Work Group

FY2018- Stroger Campus Volumes/Efficiency

Efficiency Measures	Number
Licensed Beds	450
Staffed Beds	432
Case Mix Index (CMI)	1.5321
Operating Rooms	20

Surgery Type	FY2018	FY2017
Emergency	768	882
Inpatient	2,913	3,306
Outpatient	8,532	7,861

Volume Measures	FY2018	FY2017
Inpatient Discharges	17,588	19,985
Observation Discharges	10,285	8,650
ALOS* (inpatient)	5.6	5.2
Average Daily Census (ADC)	294.5	313.0
Surgical Cases	12,234	12,057
Deliveries	987	1,219
Total Emergency Services	121,740	121,805
• Adults	100,819	100,593
• Pediatrics	6,929	6,877
Trauma	7,858	7,959
LWBS**	6,134	6,376



FY2018 Provident Campus Volumes/Efficiency

Efficiency Measures	Number
Licensed Beds	85
Staffed Beds	25
Operating Rooms	10

Surgery Type	FY2018	FY2017
Emergency	0	1
Inpatient	13	6
Outpatient	2,783	2,301

Volume Measures	FY2018	FY2017
Inpatient Discharges	586	603
Observation Discharges	628	566
ALOS* (inpatient)	5.9	5.1
Average Daily Census (ADC)	12.2	11.6
Surgical Cases	2,797	2265
Total Emergency Services	30,794	
• Adults	27,241	26,712
• Pediatrics	1,667	1,808
• LWBS**	2,066	1,233



Impact 2020 Update



Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for patients



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Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care	Make investments in outpatient facilities.	Complete ✓ Professional Building ✓ Arlington Heights In progress • Stroger Specialty Services • Harrison Square • North Riverside • Blue Island • Hanson Park • Provident
	Implement operational improvements to improve access.	In progress • Realignment/expansion of vacated Stroger space
	Increase utilization of Provident Hospital operating rooms	In progress • Lasik surgeries



Impact 2020

Progress and Updates

Focus Area	Name	Status
Grow to Serve and Compete	Expand outpatient services available and improve scheduling and efficiency at outpatient sites	In progress <ul style="list-style-type: none"> • MAT* Services • Psychiatric Services • Patient Kiosks • Evening/Weekend Hours • WIC Services • Professional Building • Arlington heights
	Increase internal referrals of CountyCare members for CCH specialty and inpatient care, by expanding services available at CCH outpatient locations and deploying e-Consult	In progress <ul style="list-style-type: none"> • eConsult progress • Increasing referrals
Foster Fiscal Stewardship	Increase deliveries at Stroger	In progress <ul style="list-style-type: none"> • Contract for ambassador program





FY2020-2022

The Future

Environmental Scan of Market Share



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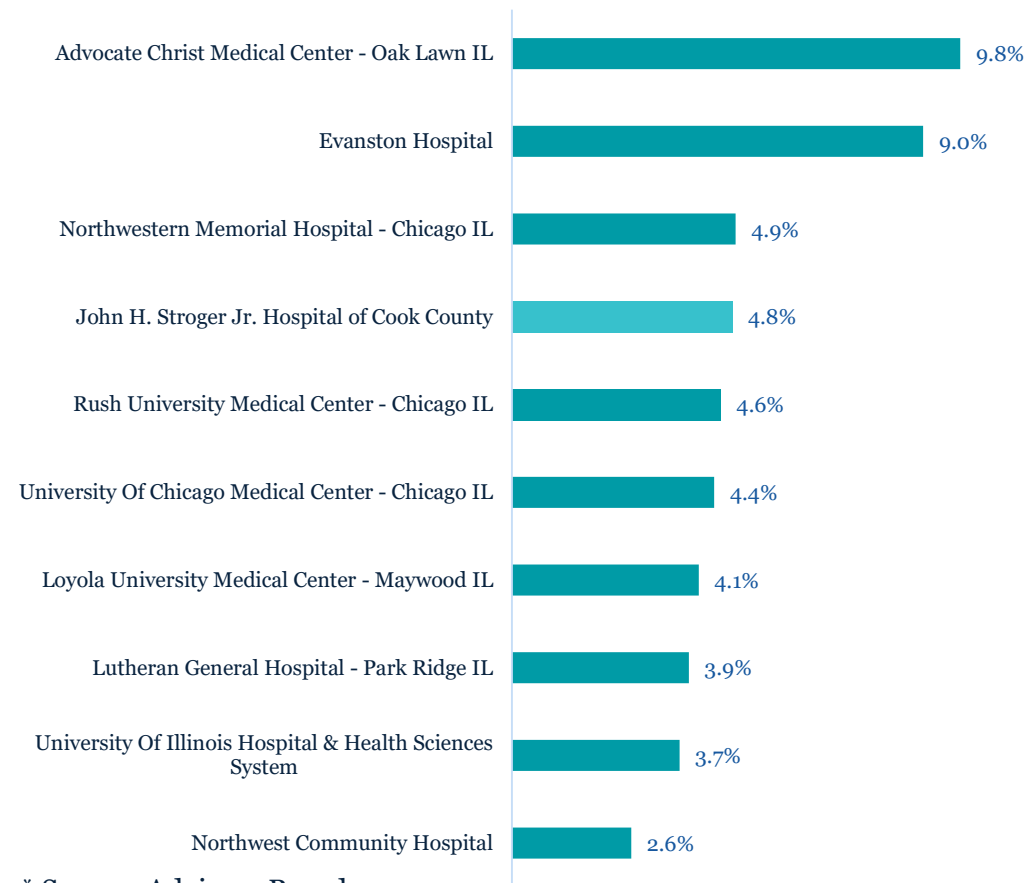
Environmental Scan of Market, Best Practices and Trends

Observations

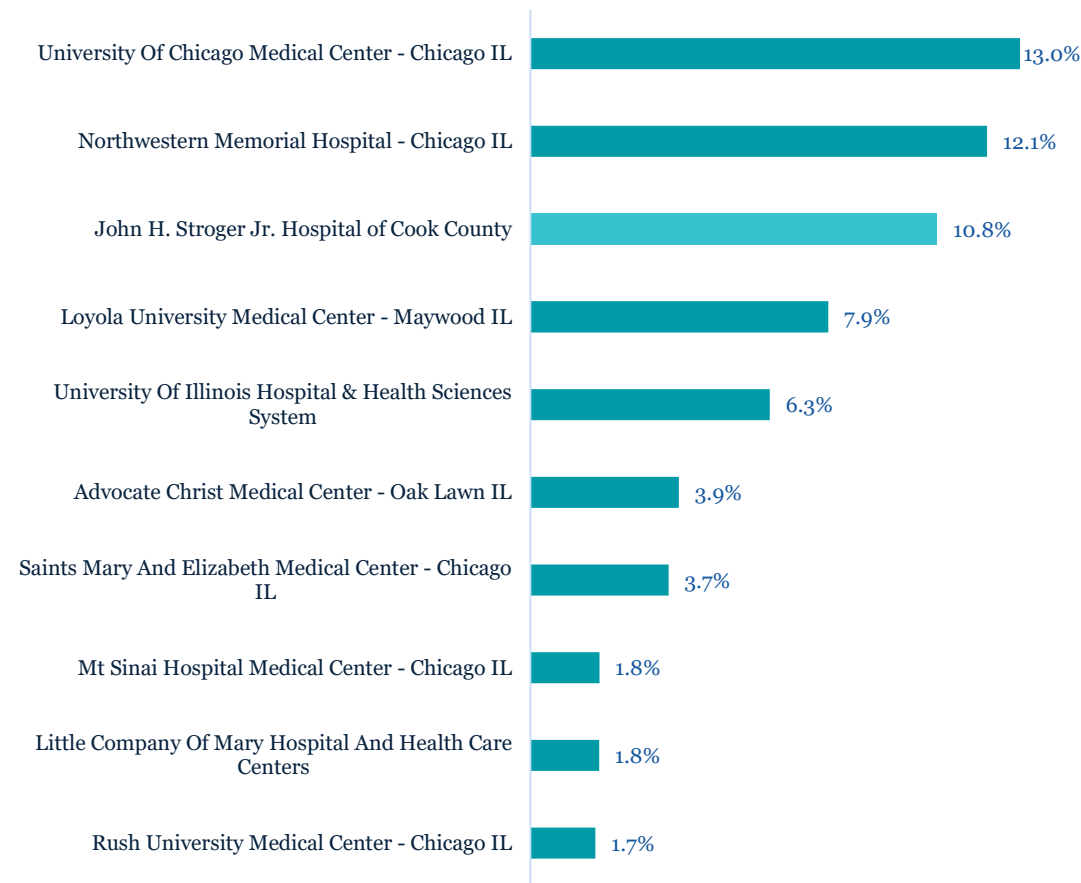
- Expansion of uninsured due to changes at Federal and State levels
- Continued decline in admissions, more ambulatory care, including home care
- Increased capture of Medicaid Admission (MA) activity at other hospitals
- Innovations in health care delivery, e.g. retail pharmacy & insurers – reducing out of pocket expenses – important for low income
- Continued growth of care provided in MCOs – focused on screening, early interventions
- Consumer demands for online access to care, providers – 24x7
- Increasing focus on mitigating impact social determinants on achieving health goals at the individual level
- Expanded use of advanced practice clinicians, (Nurse Practitioners, Physician Assistants, Midwives)
- Increased use of technology in direct care and to keep patients engaged

Patient Share Cook County Market*

Patient Share Across All Payers



Patient Share for Medicaid Patients

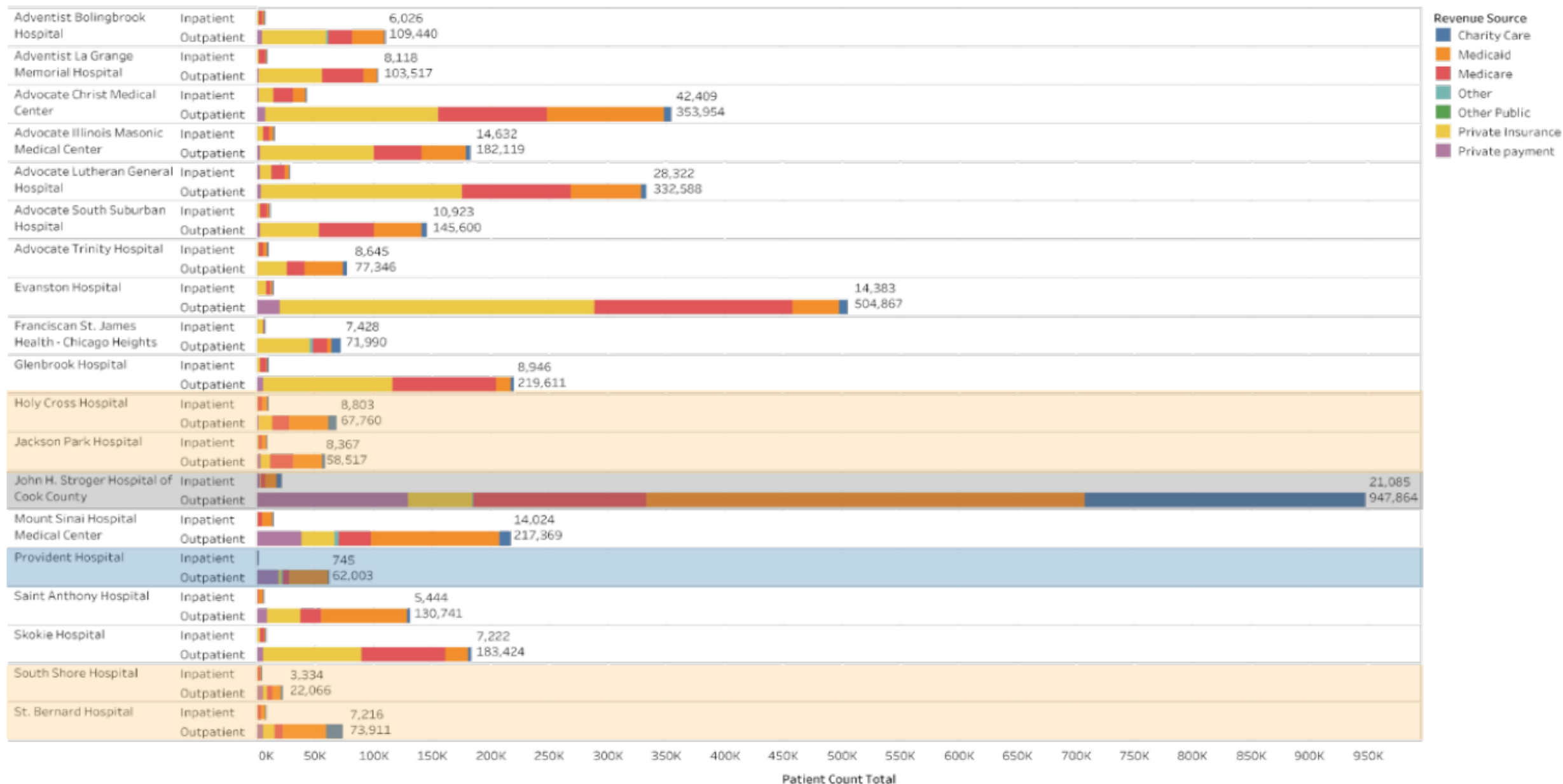


* Source: Advisory Board

- 1) Data spans November 2017 - October 2018
- 2) ({Influence Network} = All)
- 3) ({Target Physician Super Specialty} = Primary Care) *
- 4) ({Connected Physician Super Specialty} = Cardiovascular, ENT, Gastroenterology, General Surgery, Neurosciences, Oncology & Hematology, Orthopedics, Pulmonology, Spine, Urology)*
- 5) ({Target Physician} ({Macro Market}) = Cook County, see appendix for zips)

COMBINED HOSPITALS – PATIENT BY PAYOR SOURCE

2016 Patients by Payor Source





SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats



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SWOT Analysis

Strengths

- Our Mission – Care for all; one standard
- Staff dedicated to mission
- Comprehensive array of services
- Acknowledged expertise, especially for chronic care
- Specialists for at-risk populations, Medicaid Admissions; Uninsured
- Centers located in communities throughout County
- Referral Resource for FQHCs
- Stable workforce
- Electronic Medical Record and clinical and claims databases
- State of the art equipment
- Capacity for growth

Weaknesses

- High cost structure
- Poor perception of patient experience
- Ratings on quality systems
- Legacy systems impact on move to Managed Care Organization (MCO) environment
- Cumbersome recruitment process
- Not all systems designed for unique needs of health care operations
- Community clinics inefficient, limit services that can be provided
- Low domestic spend from CountyCare

Opportunities

- Increasing enrollment base, especially with CountyCare
- Higher capture of MCO activity within our system
- Identification as provider of choice across age spectrum
- Teaching programs as source of future practitioners
- Model for use of Advanced Practice Clinicians
- Partnering with community caregivers
- Strengthening links with community agencies
- Leveraging experience working with populations with chronic conditions

Threats

- Rapid and ever-changing health care environment – impact on market share
- Increasing level of uninsured
- Lower reimbursement from insured
- Competition for skilled workforce
- MCOs narrowing network
- New innovations e.g. more robotics, need quick adoption
- FQHC/access to capital, modernizing facilities



FY2020-2022



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Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

- Improve ratings and rank on quality measurement systems
- Continue investment in ambulatory facilities to provide expanded array of services
- Improve operational efficiency – Reduce wait time to less than 2 weeks for major specialties
- Enhance use of patient portal to allow self scheduling (2022)
- Increase use of Provident Hospital, higher Average Daily Census (ADC) and more specialty sessions
- Maximize access – evenings and weekends for specialty services, more services at more sites
- Continue integration with WIC and expanding WIC to additional health centers
- Build and strengthen behavioral health service offerings throughout our system

Grow to Serve and Compete

FY2020-2022 Strategic Planning Recommendations

- Increase internal referrals of CountyCare members for CCH specialty and inpatient care, by expanding services available at CCH outpatient locations and deploying e-Consult
- Grow senior care services
- Enhance maternal/child services
- Establish multidisciplinary service lines with one access point
- Promote and market services
- Add specialty services at new centers

Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

- Grow enrollment from CountyCare and other Managed Care Organizations
- Achieve Pay for Performance (P4P) targets
- Increase all clinical activity to assure access for vulnerable populations
- Increase clinical activity from insured populations
- Increase service line efficiency to align with benchmarks, e.g. Operating Rooms at 80% capacity
- Implement systems for patients to receive the right services at the right time and right place
- Manage observation and long stay patients in appropriate setting
- Increase CountyCare transfers in from other hospitals
- Align personnel expense with clinical activity

Invest in Resources

FY2020-2022 Strategic Planning Recommendations

- Continue investing in technology and equipment to provide evidenced-based, efficient services
- Identify underserved areas (Based on enrollment) and resources to address service deficiencies
- Implement and align staffing model with current service offerings

Leverage Valuable Assets

FY2020-2022 Strategic Planning Recommendations

- Consider teaching programs as source of future practitioners
- Model use of Advanced Practice Clinicians to fill gaps in coverage
- Strengthen links with community agencies, co-location of services and benefits retention

Impact Social Determinants/Advocate for Patients

FY2020-2022 Strategic Planning Recommendations

- Partner with community caregivers, referral source and destination (e.g. Behavioral Health)
- Strengthen links with community agencies, co-location of services and benefits retention

Thank you.



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Appendix

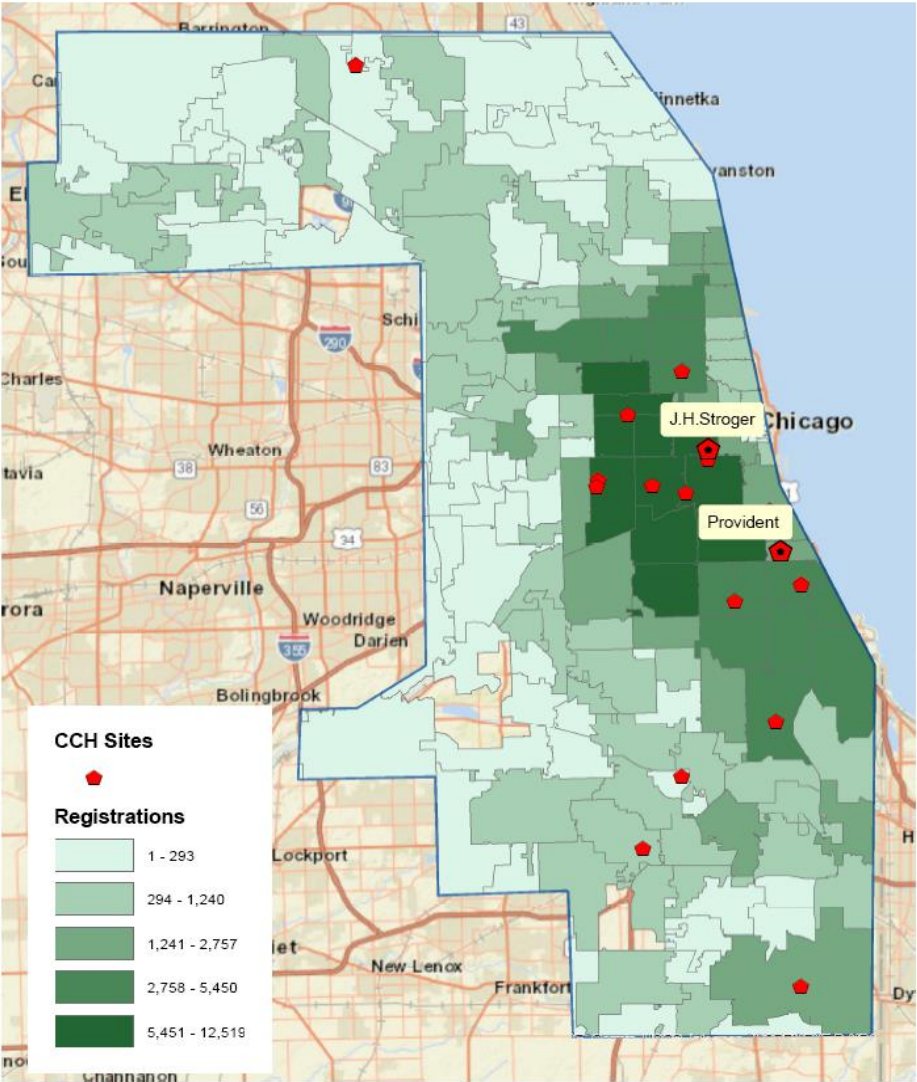


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Map of Stroger Patient Registrations



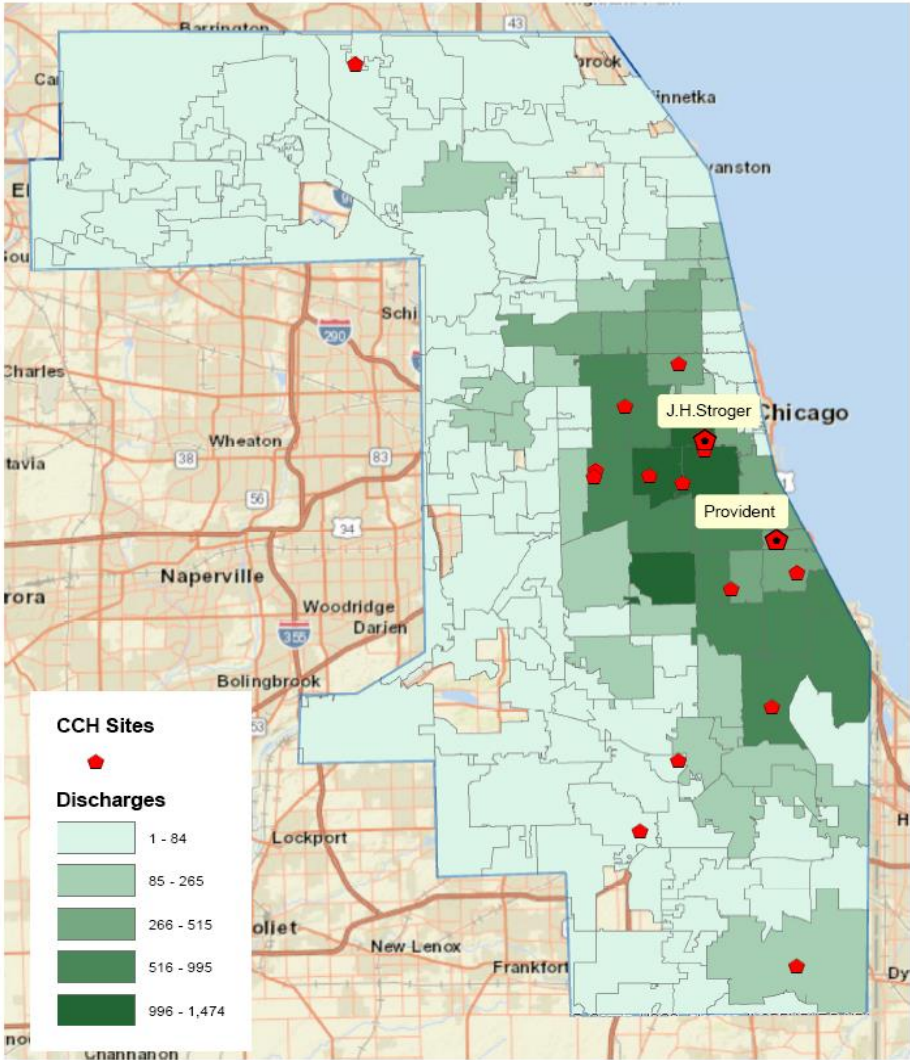
12/1/2017 - 11/30/2018



Map of Stroger Discharges



12/1/2017 - 11/30/2018

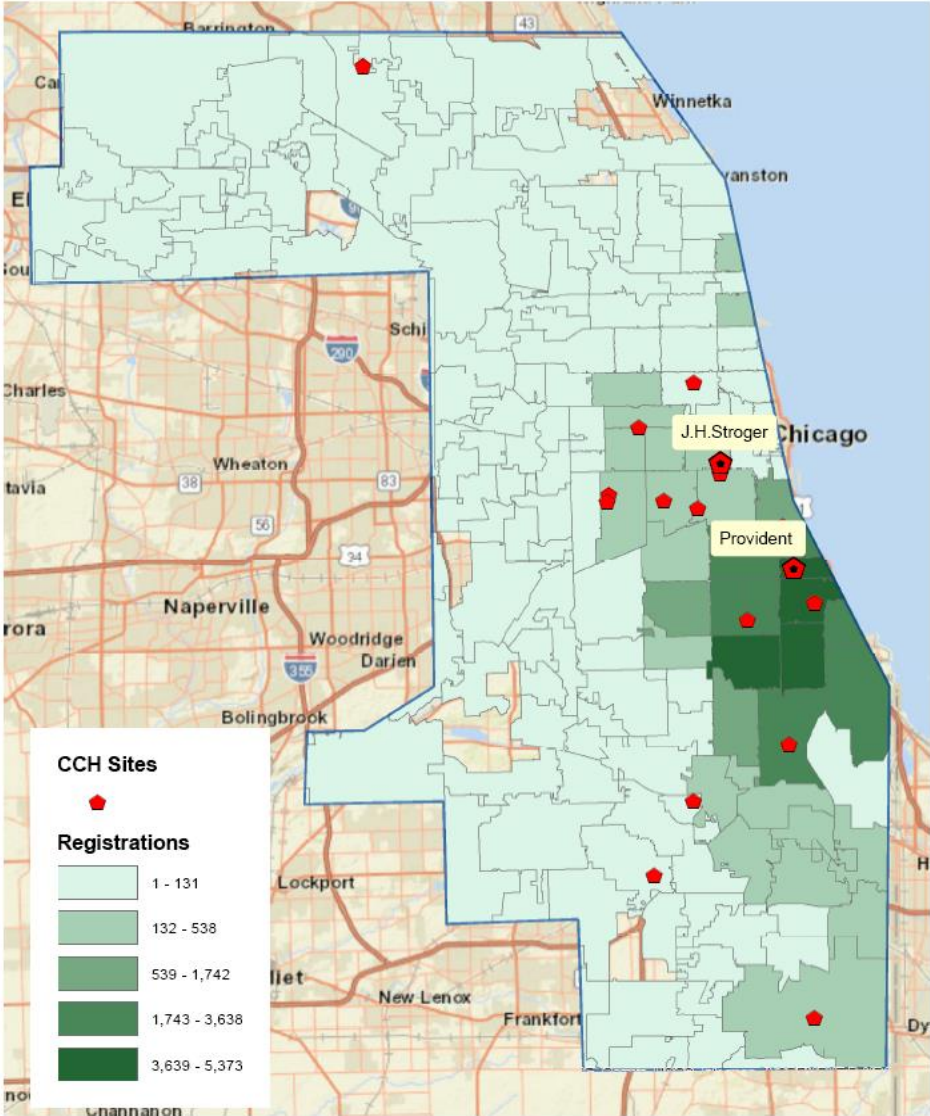


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Map of Provident Patient Registrations



12/1/2017 - 11/30/2018

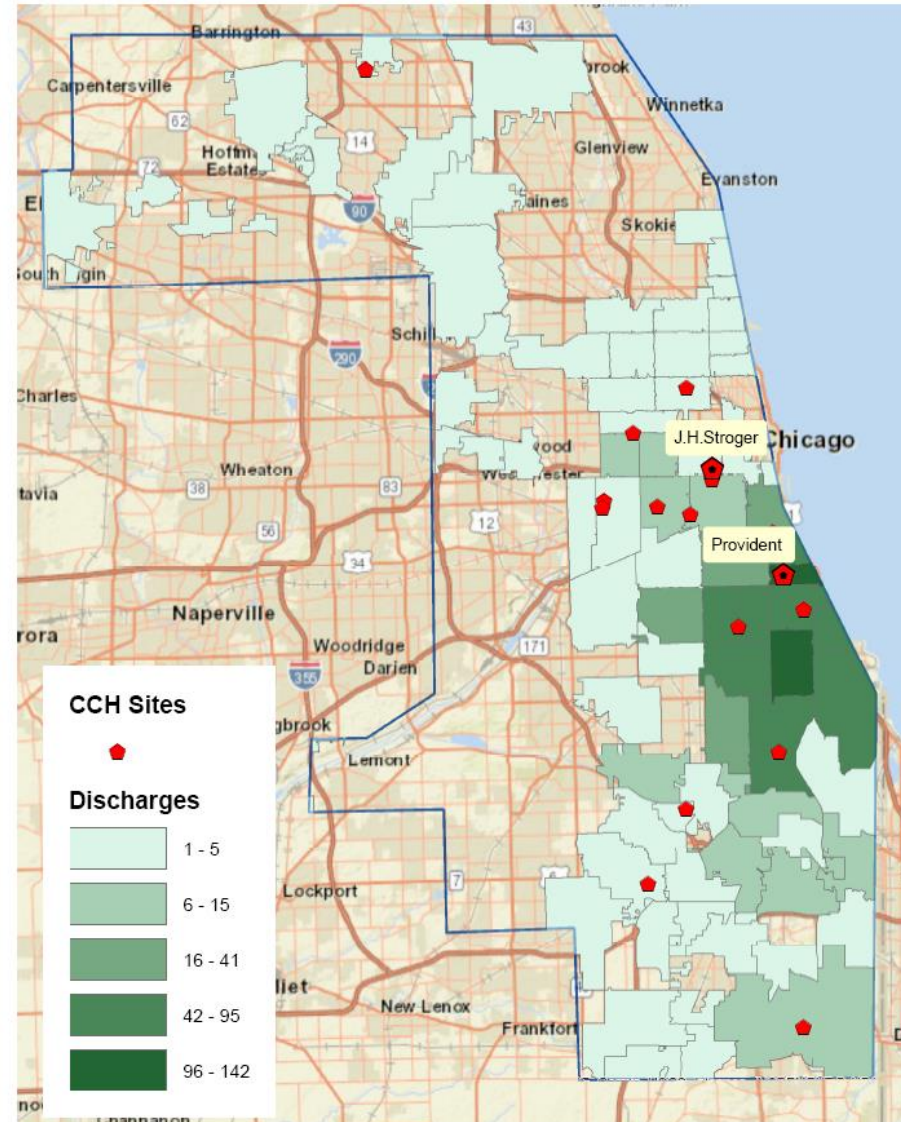


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Map of Provident Discharges



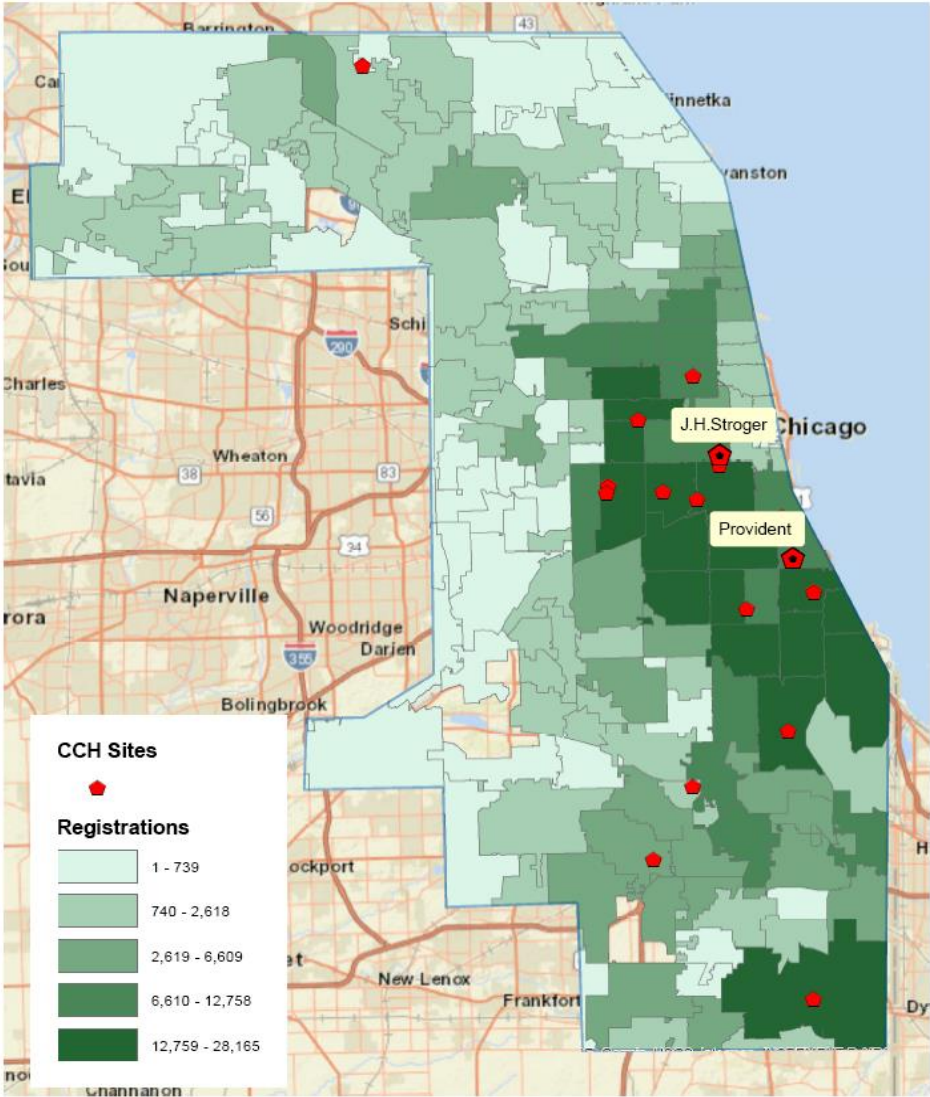
12/1/2017 - 11/30/2018



Map of ACHN Patient Registrations



12/1/2017 - 11/30/2018

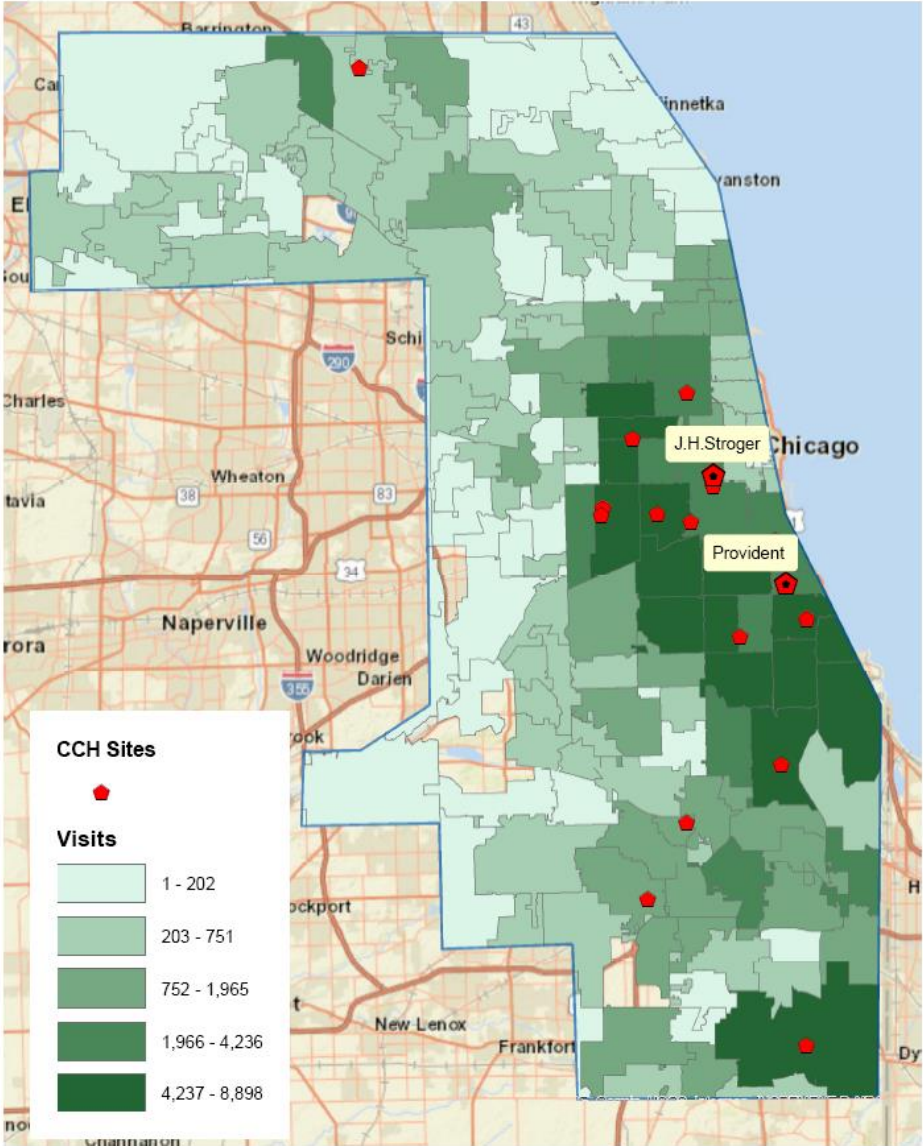


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Map of Primary Care Provider Visits



12/1/2017 - 11/30/2018

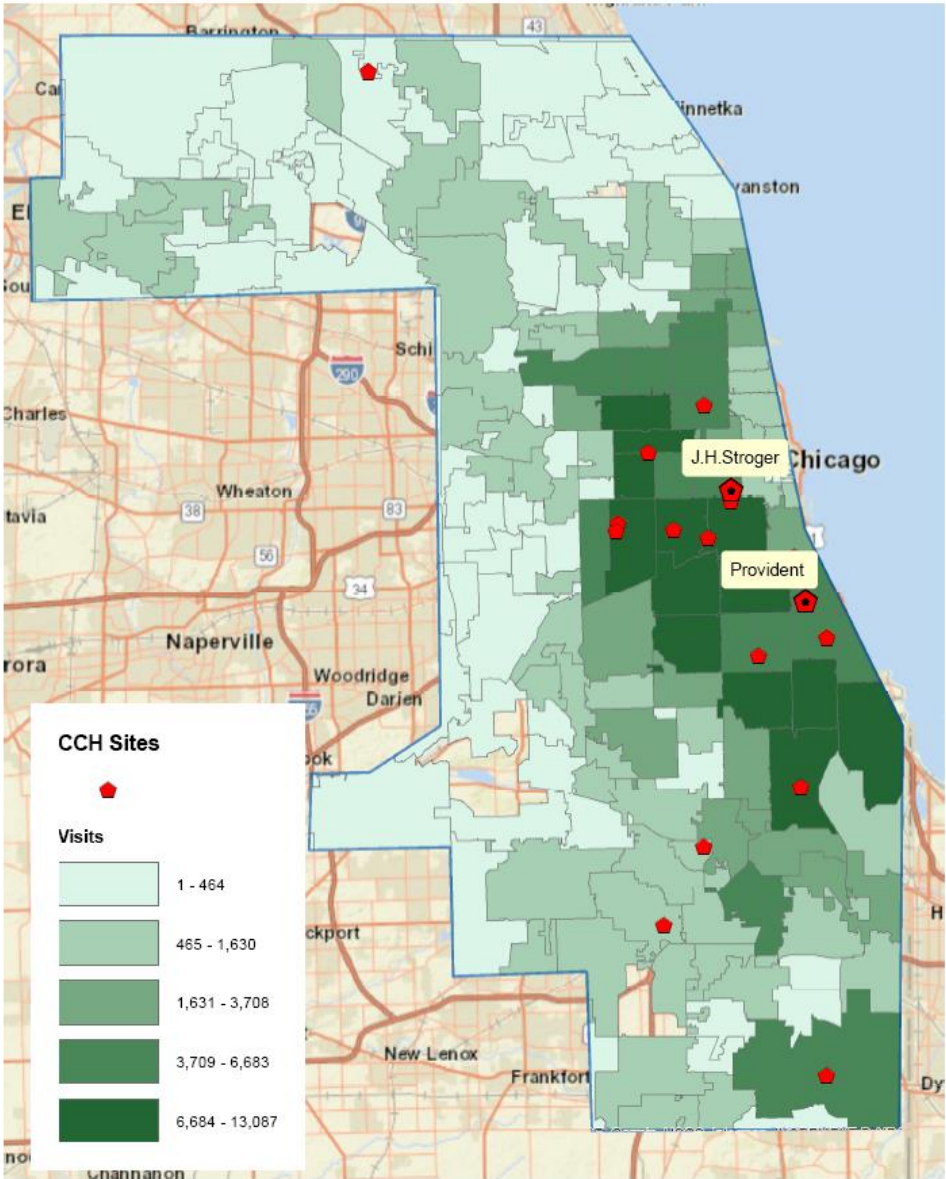


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Map of Specialty Care Provider Visits



12/1/2017 - 11/30/2018

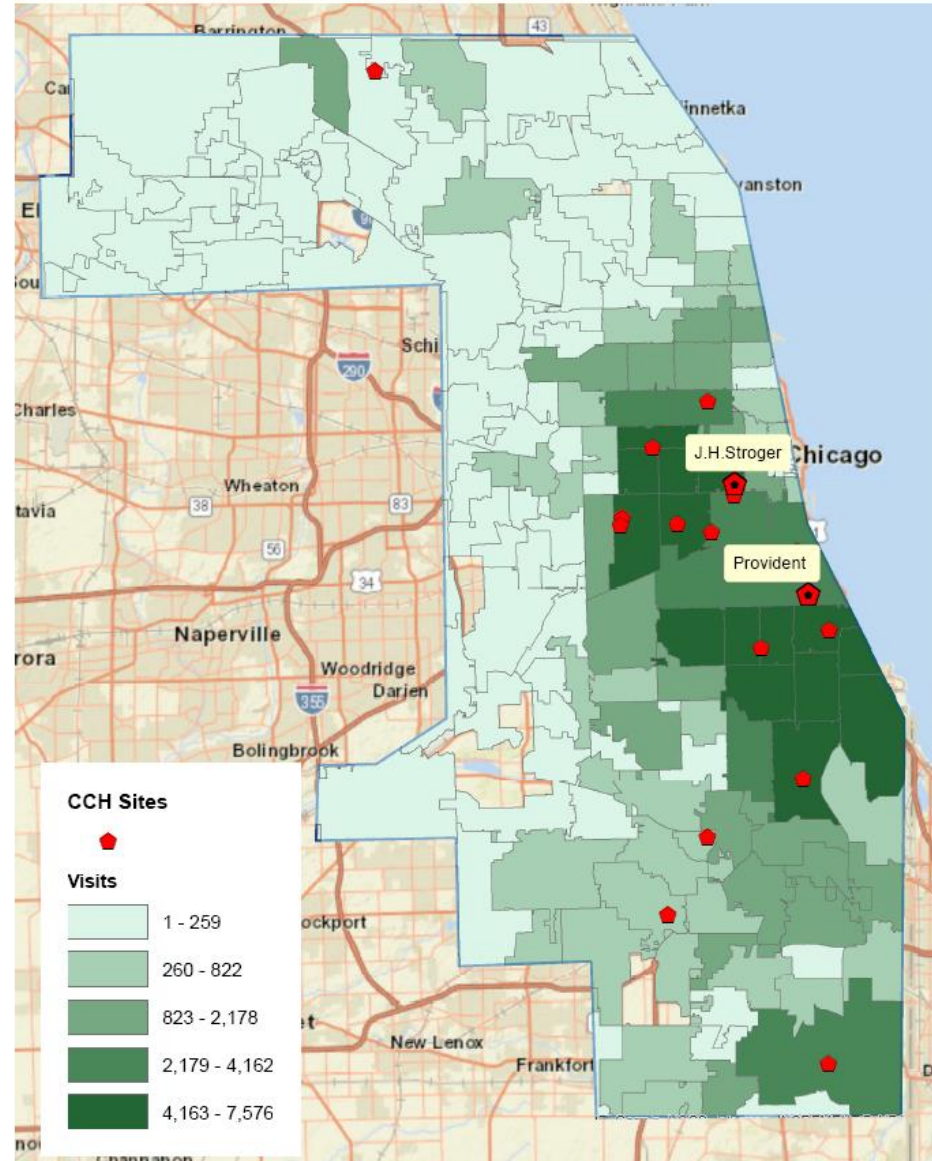


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FY2018 CountyCare Visits

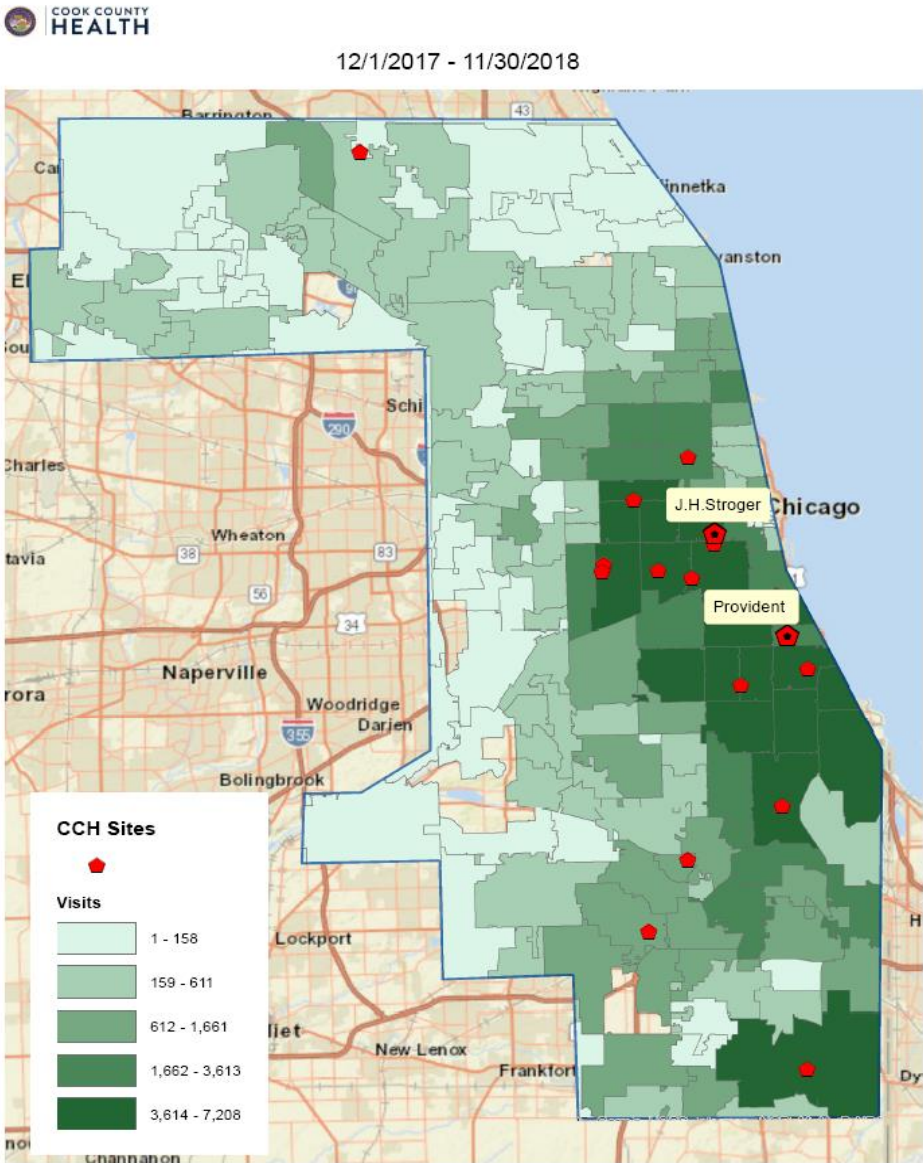


12/1/2017 - 11/30/2018



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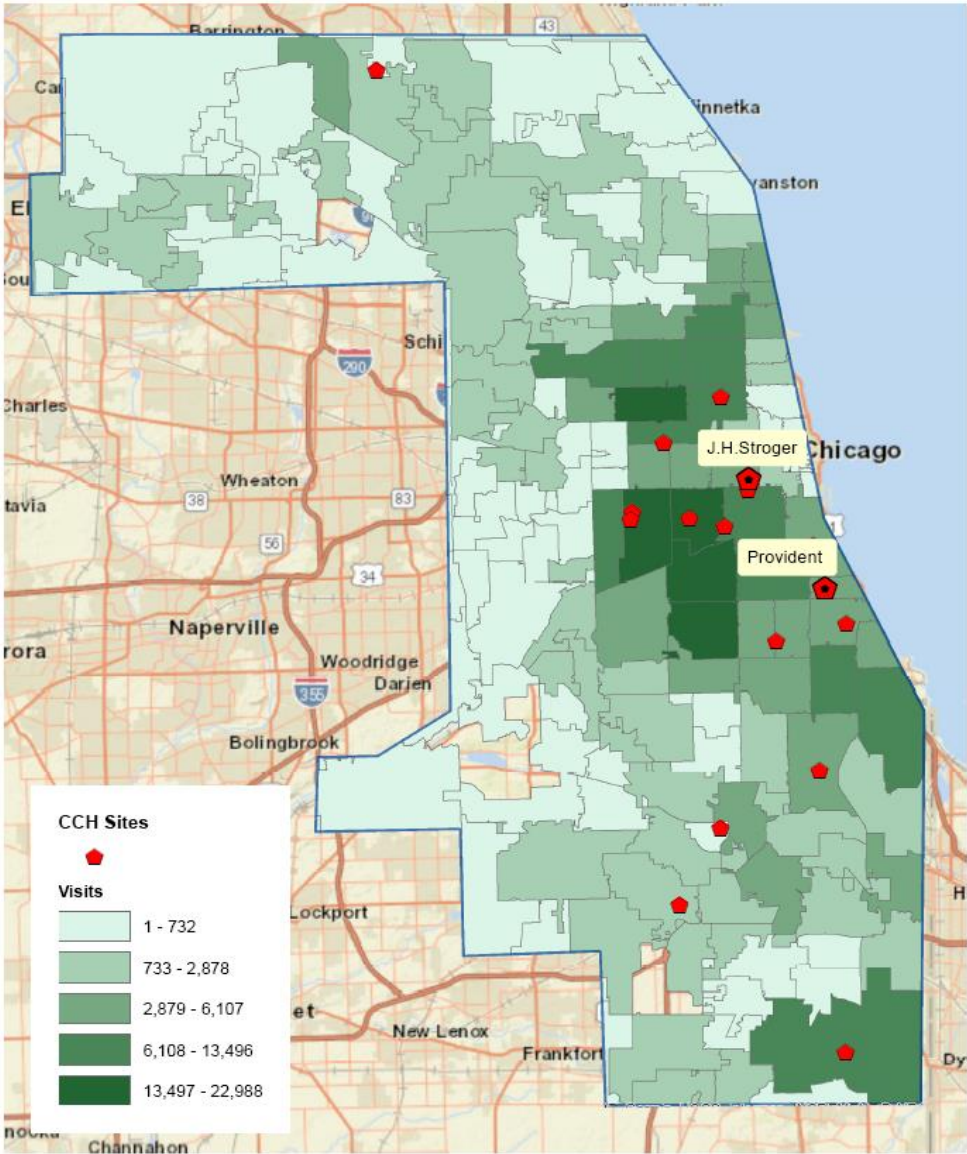
FY2018 Non-CountyCare Medicaid Visits



FY2018 Uninsured Visits



12/1/2017 - 11/30/2018

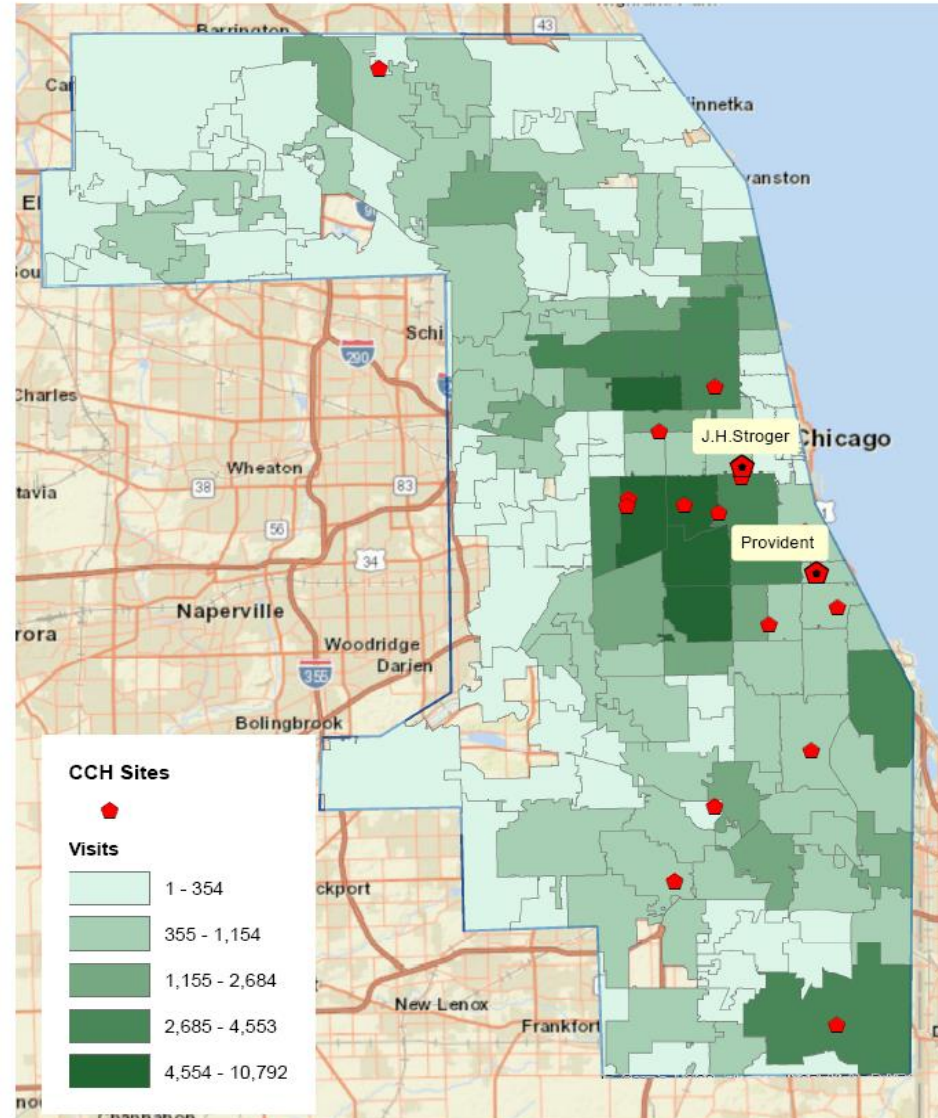


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FY2018 CareLink Visits



12/1/2017 - 11/30/2018



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